

# TECHNICAL BULLETIN

Information for individuals, families and community agencies

Number: 6

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## Supports Intensity Scale (SIS)

The SIS is a standardized assessment tool designed by the American Association of Intellectual Disabilities (AAIDD) to measure the pattern and intensity of supports an adult with a developmental disability requires to be safely supported in a community setting. The tool is administered by a certified SIS worker and is administered with the individual and two or more respondents who know the person well. The Department has a SIS unit that consists of workers who are certified in the administration of the SIS.

Currently, the SIS unit is working from an established list of 1000 individuals selected by the Department's consultant to establish the levels of support intensity for the state of Rhode Island. The list was based on a stratification of current participants and the types of supports that they are receiving. In addition, the Department is prioritizing the SIS for new participants in the DD program. Over the next twenty seven (27) months the Department will administer the SIS to the remaining participants in the DD program.

As stated in section 36.1.1 of The Rules and Regulations for Licensing Agencies Providing Service to Adults with Developmental Disabilities, each Participant shall be reassessed no less than every three (3) years. Participants may be reassessed more frequently due to major life changes as defined in the "Regulations".

Since September 2011 the Department has administered over 900 SIS. The following is a list of frequently asked questions about the SIS and the interview process.

### Frequently Asked Questions About the SIS and the Interview Process

#### 1) What is the Supports Intensity Scale (SIS)?

The SIS was developed over a five year period by the American Association for Intellectual and Developmental Disabilities (AAIDD). The SIS is an interview tool that measures the support needs or level of assistance that a person with developmental disabilities would need to be safely supported in a least restricted community based setting.

The SIS looks at practical supports people with developmental disabilities need to lead independent lives across 57 life activities and 28 behavioral and medical areas. The assessment is done through a face-to-face interview with the person with developmental disabilities and those who know the person well. Often, parents or other family members help with the interview process.

SIS measures support needs in the areas of home living, community living, lifelong learning, employment, health and safety, social activities, and protection and advocacy. The SIS ranks each activity according to *frequency, amount, and type* of support. There is no right or wrong answers. However, all questions are important and must be answered.

## **2) Why did Rhode Island decide to change to the SIS?**

Previously Rhode Island did not utilize a standardized assessment tool to determine what every day life skills a participant needed. An ISP was written in general terms that did not reflect a individuals' needs. In order to create a more uniform objective, the Department decided to use a national recognized standardized tool.

## **3) What will the SIS information be used for?**

The information in the SIS will be used to determine the service level that will be translated into the resource allocation and the quarterly units of service available to develop the annual ISP.

## **4) Who is going to conduct the Supports Intensity Scale interview?**

The SIS is conducted by a BHDDH Social Caseworker who has been trained and certified by AAIDD on how to complete the SIS correctly.

## **5) Do any of the participants in the interview process have to do anything to get prepared for the SIS interview?**

There is not anything specific that the participants need to be done in order to prepare for a SIS interview. Make sure to allow at least 2 hours to attend the interview.

## **6) Does the individual with DD have to participate in the SIS interview?**

It is always desirable for the individual to actively participate in the interview process when they are willing and able to do so. Some individuals may only participate in some of the interview. To complete a SIS respondents need to be present in all parts of the interview process.

## **7) Who can/should attend the SIS interview?**

Individuals receiving services (or who will be receiving services) are encouraged to specify who they would like to participate as respondents in the interview, with the following BHDDH guidelines:

- The person who will be receiving services is highly recommended to participate in the interview, even if the person can only participate for part of the interview.
- There **must** be at least two respondents to complete a reliable SIS interview.
- If there are only two respondents, they cannot be just the person receiving services and their Support Coordinator.
- Respondents **must** have known the person being interviewed for at least 3 months.
- Respondents **must** have had recent opportunities to observe the person in one or more environments for substantial periods of time (at least several hours per setting).
- Respondents can be parents, relatives, guardians, direct support staff, work supervisors, teachers, or any other individuals who work or live with the person being evaluated.
- Respondents must understand and be able to speak to the sorts of supports a person needs to be successful in current and potential situations.

#### **8) Do all of the questions in the SIS Interview need to be answered?**

Yes, all questions must be asked and answered on the SIS interview so that all information is obtained and used to calculate the service level.

#### **9) What if I don't understand what the question means?**

Ask the person conducting the SIS to explain the question or anything you don't understand. The person conducting the SIS interview is AAIDD certified and will be able to answer any questions you might have.

#### **10) How do I know that I answered the questions correctly?**

There is no right or wrong answer. Each question should be answered honestly and thoroughly. It is important that all answers are accurate and do not over or under estimate the skills and/ or supports needed for the individual.

#### **11) What happens after the interview is completed?**

The results of the SIS Interview is translated into a SIS service level. Each SIS level has units of supports—called a resource allocation level—that is the same for everyone in the SIS level who has the same type of residential setting. For example, everyone in the same SIS service level who resides in a community residence has the same resource allocation, while everyone in this same SIS service level who lives at home with their family has the same resource allocation. Individuals will be notified of their SIS service level and their quarterly resource allocation within 45 days of their SIS Interview. The individual will use this resource allocation to plan out the services they want to purchase to assist them in the goals that they have set out in their ISP.

**12) May I have a copy of my SIS results?**

Yes, upon request a summary of the finalized SIS can be provided. These results should be reviewed with a certified SIS worker.

**13) What if I do not agree with the way the SIS was administered?**

Please contact Carolee Leach, SIS Supervisor, at 462-1723, or [Cleach@bhddh.ri.gov](mailto:Cleach@bhddh.ri.gov), or Tom Martin, Administrator Developmental Disabilities, 462-6032, [Tmartin@bhddh.ri.gov](mailto:Tmartin@bhddh.ri.gov).

**14) What is a major life change?**

**As defined in Section 1.45 of The Rules and Regulations for Licensing Agencies Providing Service to Adults with Developmental Disabilities**, “*Major Life Changes*” means a change in the health and/or safety of an individual that merits examination of the types of supports that may be needed by a Participant. A major life change may trigger the need to conduct a new full or partial SIS assessment prior to the usual three-year cycle that each Participant is assessed. Major life changes shall include but are not limited to: (1) an emergency/crisis in the Participant’s living situation; (2) risk of losing living situation; (3) risk of life threatening incidents; (4) repeated incidents relating to the Participant or other Participants’ health and safety; (5) a new diagnosis of mid-stage organic brain syndromes; (6) a new diagnosis of serious mental health condition; or (7) development of new co-morbid conditions.

**15) How are requests made for a major life change?**

If a Major Life Change has been identified, it is the responsibility of the agency authorized to deliver support coordination to submit a *Request for Review Based on a Major Life Change* (refer to attached Form S106) to the attention of BHDDH Clinical Administrator, the BHDDH SIS Supervisor, or any designee appointed by the BHDDH Director.

The BHDDH SIS Committee comprised of the BHDDH SIS Supervisor and three members of the Social Services Department, will be responsible for reviewing, prioritizing and approving or disapproving all Requests for Review Based on a Major Life Change. The SIS Committee will meet monthly to review all requests and will meet to review specific cases on an as needed basis depending on the urgency of the request.

After a decision is made, the SIS Committee will send out a *SIS Committee Review Letter for Request Based on Major Life Change* (refer to attached Form S107) within a reasonable period of time to the agency contact person who made the initial request. Major Life Changes related to emergency situations will be treated in an expedited manner. The decision made by the SIS Committee shall be made verbally to the agency prior to issuing the SIS Committee Review Letter.

**Form S106**  
**Request for Review Based on a Major Life Change**

Name of Individual Receiving Services: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The agency named above is requesting that the BHDDH SIS Committee review the case for the individual named above due to the following Major Life Change (check all that apply):

\_\_\_\_ An emergency/crisis in the Participant's living situation

\_\_\_\_ Risk of losing living situation

\_\_\_\_ Risk of life threatening incidents

\_\_\_\_ Repeated incidents relating to the Participant or other Participants' health and safety

\_\_\_\_ A new diagnosis of mid-stage organic brain syndromes

\_\_\_\_ A new diagnosis of serious mental health condition

\_\_\_\_ Development of new co-morbid conditions

Provide a description of the specific issue(s) that meet the criteria above.

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Specify the documentation you have submitted with this request to substantiate the Major Life Change:

- \_\_\_\_\_ Medical assessment (not more than 90 days old)
- \_\_\_\_\_ Nursing Care Plan (not more than 90 days old)
- \_\_\_\_\_ Psychiatric assessment (not more than 90 days old)
- \_\_\_\_\_ Current Behavior Support Plan or Safety Plan
- \_\_\_\_\_ Staffing schedules/documentation from the last month
- \_\_\_\_\_ Other (specify)

\_\_\_\_\_  
Signature of Contact Person:

\_\_\_\_\_  
Date:

Submit this form by mail or by fax to: 462-2558

Attention:  
Thomas Martin or Carolee Leach,  
Rhode Island BHDDH,  
6 Harrington Road, Cranston, RI 02920

**Form S107**  
**SIS Committee Review Letter for Request Based on Major Life Change**

Date:

Dear [Contact Person of Agency Making Request]:

The BHDDH SIS Committee has reviewed your Request for Review Based on Major Life Change for \_\_\_\_\_ (Participant) dated \_\_\_\_\_ (date of request).

Based on your request and the information provided to us, and using section 1.45 of the Rules and Regulations for Licensing Agencies Providing Service to Adults with Developmental Disabilities as guidance, the Committee has made the following decision based on your request:

\_\_\_\_\_ **The case indicates a permanent Major Life Change where a new SIS assessment is warranted.** Please contact Carolee Leach, BHDDH SIS Supervisor, at 462-1723, to schedule the assessment. Specifically, the Major Life Change was proven to be the following:

- \_\_\_\_\_ An emergency/crisis in the Participant's living situation
- \_\_\_\_\_ Risk of losing living situation
- \_\_\_\_\_ Risk of life threatening incidents
- \_\_\_\_\_ Repeated incidents relating to the Participant or other Participants' health and safety
- \_\_\_\_\_ A new diagnosis of mid-stage organic brain syndromes
- \_\_\_\_\_ A new diagnosis of serious mental health condition
- \_\_\_\_\_ Development of new co-morbid conditions

\_\_\_\_\_ **The case indicates a permanent Major Life Change where a new SIS assessment is not warranted.** Instead, BHDDH has authorized a permanent change in the annual resource allocation for the Participant within the same SIS level from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_ **The case indicates a temporary Major Life Change where a new SIS assessment is not warranted.** Instead, BHDDH has authorized extraordinary supports for the individual on a short term basis. The total extraordinary supports are equal to \_\_\_\_\_ and cover the period from \_\_\_\_\_ to \_\_\_\_\_. An authorization change will be sent to HP to cover this period. The following limitations are given with this authorization for extraordinary supports:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **The case requires additional information to substantiate a Major Life Change.**  
Please contact Carolee Leach, BHDDH SIS Supervisor, at 462-1723, for details  
about the additional information required.

\_\_\_\_\_ **The case does not indicate a Major Life Change** as substantiated by the  
documentation presented in any of the areas noted in section 1.45 of the Rules and  
Regulations for Licensing Agencies Providing Service to Adults with  
Developmental Disabilities.

Respectfully Submitted,

Carolee Leach  
SIS Supervisor